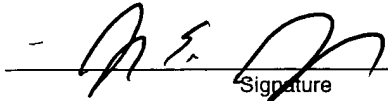




|   |                              |  |
|---|------------------------------|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |                              | Docket Number (Optional)<br>003-008-C2 |
| <b>FY 2005</b>  |                              |  |
| Application Number 10/695,110   | Filed October 28, 2003       |  |
| For WANG et al.   |                              |  |
| Art Unit 3739   | Examiner Rosliand S. Rollins |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                              |  |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):  |                              |  |
|   | <u>Fee</u>                   | <u>Small Entity Fee</u>                |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120                        | \$60 \$ <u>60</u>                      |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450                        | \$225 \$ <u>        </u>               |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020                       | \$510 \$ <u>        </u>               |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590                       | \$795 \$ <u>        </u>               |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160                       | \$1080 \$ <u>        </u>              |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                              |  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                              |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                              |  |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                              |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any other fees which may be required, or credit any overpayment, to Deposit Account Number 50-1247. I have enclosed a duplicate copy of this sheet. |                              |  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |                              |  |
| I am the <input type="checkbox"/> applicant/inventor.   |                              |  |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                              |  |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration No. 37,149  |                              |  |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a). <u>        </u>   |                              |  |
| <br>Signature  |                              | March 17, 2005<br>Date                 |
| Jens E. Hoekendijk<br>Typed or printed name   |                              | 415-412-3322<br>Telephone Number       |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.                              |                              |  |
| <input checked="" type="checkbox"/> *Total of 1 forms are submitted.  |                              |  |